

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		2				
3		0				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10	1					
11		1				
12		2				
13		0				
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50						
TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL CLAIMS	20					

	IND	DEP	IND	DEP	IND	DEP
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